

## REASONABLE ACCOMMODATION PROCEDURES

### REGULATORY REQUIREMENTS

References: (a) Executive Order 13164  
(b) SECNAVINST 12720.5A

Appendices: (A) Definitions  
(B) Request for Accommodation Form

### PROCEDURES:

#### 1. REQUEST FOR ACCOMMODATION

a. Any Appropriated or Non-Appropriated Fund employee or someone acting on their behalf (family member, health professional or other representative) may submit a request for reasonable accommodation (RA) either orally or in writing (see Appendix B). This request will be submitted to the employee's supervisor. If submitted orally, the supervisor will complete Appendix B and obtain the employee's signature. Forward a copy to Human Resources and the EEO Office.

b. The request for RA must contain the following information:

- 1) Information on the requested accommodation; (e.g. services of interpreter, ergonomic chair, computer equipment).
- 2) The medical information of the disability when the disability and/or functional impairment are not obvious.

#### 2. TIME LIMITS

A request for reasonable accommodation requires an expedited review and decision ASAP, but no longer than the 30 calendar days from the date the request is received by the employee's supervisor. The decision-maker is normally the supervisor's responsibility.

### **3. DENIALS OF REASONABLE ACCOMMODATION REQUEST**

a. The requestor shall be notified in writing. The written denial will include the reason(s) for the denial. The denial must also provide the requestor with information on their right to:

- 1) Participate in the Alternative Dispute Resolution (ADR) Process;
- 2) File a request for reconsideration; or
- 3) File an informal Equal Employment Opportunity (EEO) complaint to include the timeframes and point of contact for filing such a claim.

### **4. ALTERNATIVE DISPUTE RESOLUTION (ADR) PROCESS**

a. An applicant or employee may voluntarily elect to utilize the ADR process to resolve the denial of their RA request, and must submit their request to utilize the ADR process to the supervisor within 14 calendar days of receipt of their denial notice.

b. If the issue(s) are not resolved in the ADR process, the initial denial will remain in effect. The applicant or employee will have 14 calendar days from the conclusion of the ADR process to submit a request for reconsideration. In lieu of filing a request for reconsideration, an applicant or employee may file an informal Equal Employment Opportunity (EEO) complaint within 45 calendar days of alleged discriminatory matter by calling 451-5272/451-5083/450-9264/450-9485.

### **5. RESPONSIBILITIES**

a. The Equal Employment Opportunity Office, RA program manager is responsible for:

- 1) Providing advice and guidance to managers and supervisors,
- 2) Maintaining records of RA requests and dispositions.

b. Supervisors and managers are responsible for:

- 1) Processing RA requests within time limits specified in this policy.

- 2) Engaging in an interactive process to clarify an individual's RA need(s), and discussing alternatives when appropriate.
- 3) Requesting ADR from the Equal Employment Opportunity Office when appropriate.

#### **Appendix A - Definitions:**

**Reasonable Accommodation** - An accommodation is a change in the work environment or in the way things are customarily done that would enable an individual with a disability to enjoy equal employment opportunities. There are three categories of reasonable accommodation:

- modifications of adjustments to a job application process to permit an individual with a disability to be considered for a job (such as providing application forms in alternative formats like large print or Braille);
- modifications or adjustments necessary to enable a qualified individual with a disability to perform the essential functions of the job (such as providing sign language interpreters; and
- modifications or adjustments that enable employees with disabilities to enjoy equal benefits and privileges of employment (such as removing physical barriers in an office)

**Individual with disability(ies)** is defined as one who: (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

**Essential functions** - The essential functions of a job are those job duties that are so fundamental to the position that the individual cannot do the job without being able to perform those job duties. A function can be "essential" if there are limited number of employees who could perform if assigned to them, or the function is specialized and the incumbent is hired based on his/her ability to perform it.

**Major life activities** means functions, such as caring for one's self, performing manual tasks, walking, seeing hearing, speaking, breathing, learning, and working.

The following factors should be considered in determining whether an individual is substantially limited in a major life activity:

- a. the nature and severity of the impairment
- b. the duration or expected duration of the impairment; and
- c. permanent or long-term impact of, or resulting from, the impairment

With respect to the major life activity of working, the term "**substantially limits**" means significantly restricted in the ability to perform either a class of jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills, and abilities.

## CHAPTER 1 Confirmation of Reasonable Accommodation Request Form

Name

Date \_\_\_\_\_

Section 1.05

Section 1.04

Section 1.03 Work Phone

**Check One:**

Employee

**Applicant**

Section 1.02 Supervisor's Name

### Section 1.01 Supervisor's Phone

Describe the nature of your medical condition and your limitations (including whether the condition and/or limitations are permanent or temporary):

Describe any impact of your present limitations on the performance of your duties:

Describe any accommodation you believe would assist you in the performance of your duties:

Privacy Act Statement: The collection of this information is authorized by 29 USC 791 et seq. This information will be used to process a request for reasonable accommodation. As a routine use, the information may be disclosed to: appropriate agency officials processing or otherwise responding to the request for reasonable accommodation and/or decisions related to such request; an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the DON is a party or has an interest; to a government agency in order to obtain information relevant to DON decision(s) concerning reasonable accommodation; to a congressional office in order to obtain information relevant to DON decision(s) concerning reasonable accommodation; to an expert, consultant or other person under contract with the DON to fulfill an agency function; to an investigator, administrative judge or complaints examiner appointed for the investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the Federal Labor Management Relations Act; to the Office of Personnel Management in making determinations related to disability retirement and benefit entitlement; to officials of the Office of Workers' Compensation Programs; to the Department of Veterans Affairs; to an employee's private treating physician and to medical personnel retained by the DON to provide medical services in connection with an employee's health or physical condition related to employment; and to the Occupational Safety and Health officials when needed to perform their duties. Completion of this form is voluntary. If this information is not provided, processing the request for reasonable accommodation may not be possible.

I certify that the statements and information contained in this document and any attachments are true and complete to the best of my knowledge. I hereby give permission to release any information contained in this request to authorized officials with a need to know.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
The signature below acknowledges receipt of this request for accommodation and attachments if any.